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Dec. 09 2010 04:12PM P1

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request to Reinstate Class C Taxi Certificate

Franklin Nolan Sellers

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 200 - 255 - T
NUMBER: 1994 - 416 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

Franklin Nolan Sellers

Telephone:

(843) 230-7534

Address:

2001 S. Firetower Rd.
Florence, SC 29506

Fax:

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☒ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

RECEIVED
DEC 09 2010

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

CLASS C REINSTATEMENT FORM

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896-5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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* **DATE:** 12-9-2010

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 6210
☐ Charter Certificate Number _____
☐ Charter Bus Certificate Number _____
☐ Non-Emergency Certificate Number _____

My certificate was revoked/cancelled on 11-17-10 because I failed
(DATE)
to submit a 2009 Ann Report

(*) I am seeking reinstatement because I forgot send it in, please
for give me. (THANKS)

Franklin Nolan Sellers DBA N/A
(Name of Company) (if applicable)

(*) 2001 S. Firetower Rd (*) _____
(Street Address) (Mailing Address if different from Street Address)

(*) Florence, S.C. 29506 (*) Franklin Nolan Sellers
(City, State, Zip Code) (Signature)

(*) (843) 230-7534 (*) same
(Telephone Number) (Title) Owner, President, etc.

STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
AND OFFICE OF REGULATORY STAFF
TRANSPORTATION CARRIERS ANNUAL REPORT
(For Class C - Taxi, Charter, & Non-Emergency, Stretcher Van)
FOR YEAR ENDING DECEMBER 31, 2009 OR FISCAL YEAR ENDING

CARRIER NAME Franklin Nolan Sellers
STREET ADDRESS 2001 S. Firetower Rd.
CITY, STATE, ZIP CODE Florence, SC 29506
MAILING ADDRESS SAME
CITY, STATE, ZIP CODE _____
TELEPHONE NUMBER (AREA CODE) (843) 230-7534
FEDERAL IDENTIFICATION NUMBER _____

Operating Revenues:

1. Total Revenue

Operating Expe

2. Salaries and

3. Rent \$ _____

4. Other \$ _____

5. Total Expense

6. Net Operating

7. Insurance Co. :
No. of Vehicles

8. Decal Fees Paid
(through June)

Certification

State of State of South Carolina
County of Florence.
I, Franklin Nolan Sellers of the

Company

hereby certify that the foregoing Annual Report was prepared by me or under my supervision, that I have examined it, and that the items herein reported on the basis of my knowledge are correctly shown.

Franklin Nolan Sellers
12-9-2010

Signature

Date